

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of
Craig P. Smith et al

Examiner: Jones, Dwayne C.

Application No.: 10/076,191

Art Unit: 1614

Filed: February 14, 2002

I hereby certify that this correspondence is being
transmitted via facsimile to the Commissioner for
Patents, Alexandria, VA 22313, on

Title: **METHOD OF TREATING OF
DEMYELINATING DISEASES OR
CONDITIONS**

July 20, 2004
Date of Transmission

Deenera Walker
Signature

AMENDMENT PURSUANT TO 37 C.F.R. §1.115 AND REPLY PURSUANT TO 37 C.F.R.

§1.111

OFFICIAL

Mail Stop Art Unit 1614
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

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Sir:

In the Office Action mailed January 20, 2004, the Examiner rejected Claims 1, 2, 4, 6-8, 11, 12, 22, and 23 under various arguments which are individually considered by Applicants below. Entry of the following amendment is respectfully requested:

USAV2001/0002 US NP

**FAX TRANSMITTAL
TO THE UNITED STATES PATENT OFFICE****Applicants Docket Number:**
USAV2001/0002 US NP**Applicants:**
C. Smith et al**Serial No.**
10/076,191**Filing Date:**
February 14, 2002**Title of Invention:**
METHOD OF TREATING OF DEMYELINATING DISEASES OR CONDITIONS

CERTIFICATE OF TRANSMISSION
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Signature *Georgia Walker*

Total Number of Pages Sent:**Attorney:** Barbara E. Kurys**Group Art Unit:** 1614**Examiner:** Jones, Dwayne C.**TO:** Mail Stop Art Unit 1614
Commissioner for Patents
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Please acknowledge receipt of the below-listed documents for the above Application by returning this sheet, signed and dated, by return telefax to (908) 231-2626. If any fees are required, please charge our deposit account (18-1982) in the name of **Aventis Pharmaceuticals Inc.**

- | | |
|---|--|
| <input checked="" type="checkbox"/> Amendment, 37 CFR (12 Pages) | <input checked="" type="checkbox"/> Fax Transmittal (1 page) |
| <input type="checkbox"/> Charge deposit account, in duplicate | <input type="checkbox"/> Petition under 37 CFR _____ |
| <input checked="" type="checkbox"/> Extension of Time Petition (1 page) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Issue Fee Transmittal & Advance Order | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Maintenance Fee Transmittal | |

Receipt Confirmed:_____
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Dated

Aventis Pharmaceuticals Inc., Route 202-206, P.O. Box 6800, Bridgewater, New Jersey 08807, U.S.A. www.aventis.com
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Aventis Pharmaceuticals Inc. (template (March 2001))